

**VIRGINIA BOARD OF
AUDIOLOGY & SPEECH-LANGUAGE PATHOLOGY**
Perimeter Center - 9960 Mayland Drive, Suite 300 - Henrico, Virginia 23233-1463
Website: www.dhp.virginia.gov and Email: AudBD@dhp.virginia.gov
Phone: (804) 367-4630, Fax: (804) 527-4471

AUDIOLOGIST PROVISIONAL ENDORSEMENT APPLICATION CHECKLIST

► **Application Signature**

- Licensees shall be held responsible for compliance with the *Regulations of the Board of Audiology Speech-Language Pathology* (Regulations) and the *Code of Virginia* (Laws) regarding the practice of audiology and speech-language pathology. The laws and regulations are located on the Board's webpage at www.dhp.virginia.gov/aud/. Your signature affirms that you have read, understand and will comply with all laws and regulations related to the practice of speech-language pathology.

► **Application Requirements**

Please review the following checklist/instructions to ensure that your application is complete prior to submission. The licensure requirements are found in the regulations located at http://www.dhp.virginia.gov/aud/leg/Audio_12-9-09.doc#_Toc270580894.

- ☐ Complete license application and submit \$50.00 fee, check or money order made payable to the Treasurer of Virginia. ALL FEES ARE NON-REFUNDABLE.
- ☐ Letter from supervisor, on company letterhead, submitted directly from the supervisor to the Virginia Board indicating that you will be working under his/her supervision as referenced in Regulation 18VAC30-20-171.D and E.
- ☐ An official transcript submitted directly to the Board office from an accredited college or university confirming audiology doctoral degree. NO COPIES OR FAXES.
- ☐ Written verification submitted directly to the Board office from ABA or ASHA of current certification. The certification form must be dated within six months prior to the date of licensure. NO COPIES OR FAXES.
- ☐ Written verification submitted directly to the Board from NTE/PRAXIS of your scores. NO COPIES OR FAXES.
- ☐ Upon completion of the six month supervision, the supervising audiologist must submit performance evaluation and a letter of recommendation directly to the Board office.
- ☐ Written licensure verification submitted directly to the Board office from the issuing regulatory authority of any state licenses you have ever held, to include current, inactive, and expired licenses. Contact each jurisdiction/state regarding processing fees. NO COPIES OR FAXES.

PROVISIONAL LICENSURE UNDER SUPERVISION IS ONLY GRANTED FOR SIX (6) MONTHS.

Applications will remain in process no longer than one (1) year. If, at the end of one (1) year, a license is not issued, the application file is destroyed. An applicant shall reapply for licensure, submit fees, required documentation, and meet the qualifications for licensure in effect at the time of the new application.

SEE IMPORTANT INFORMATION ON PAGE TWO

► **Application Receipt Confirmation/Licensure**

- Confirmation of receipt of application and missing items is forwarded via email notification.
- Licensure notification is forwarded via email upon completion of application processing.
- License permits and wall calligraphy are mailed within two days of issuance.

► **Permit Expiration Dates**

- Licensure permits issued prior to July 1st will expire on December 31st. Permits issued on or after July 1 will expire December 31st of the following year.

► **Board Communication**

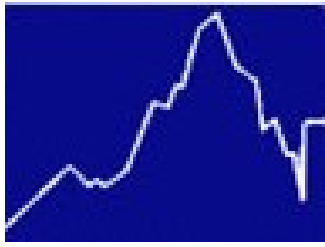
- Email address: the Board's preferred method of communicating newsletters, regulatory updates and other important information is through email notifications. Maintaining a current email address with the Board office provides a mechanism for up-to-date and cost effective communication.
- To receive automatic board activity updates, you may request to receive automatic email notifications through the Public Participation Guidelines (contact board office) or the Virginia Regulatory Town Hall at www.townhall.virginia.gov.

► **On-Line Licensing and Pin Number**

- A pin number is assigned upon issuance of a licensure permit. Licensees are encouraged to renew on-line, change addresses and request duplicate permits.

► **Audiology Speech-Language Pathology Webpage:** www.dhp.virginia.gov/aud/.

- The website offers the most current changes to the laws/regulations, frequently asked questions, statistics, license look-up, forms and guidance documents.



COMMONWEALTH OF VIRGINIA
Department of Health Professions
Board of Audiology and Speech Language Pathology

Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

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Audiologist Application for Provisional Licensure by Endorsement

Last Name	First Name	Middle	Maiden Name or Suffix		
<p>Have you ever been known by any other name Yes <input type="checkbox"/> No <input type="checkbox"/>? If yes, state, in full, every name by which you have been known, the reason therefore, and dates so used. If name change was made by court order, enclose herein a certified copy of such order.</p>					
Address of Record (Mailing Address)		City	State	Zip Code	Telephone No.
Address for Public Disclosure		City	State	Zip Code	Telephone No.
<p>ADDRESS: Virginia law allows persons regulated by boards within the Department of Health Professions to provide an alternative address for public disclosure if they want their address of record to remain confidential, used only for agency purposes. Health professionals may choose to provide a work address, a post office box, or a home address as the public address. If an alternative public address is not provided, the address of record will also be used as the public address and may be disclosed if specifically requested. Addresses of individuals <u>are not posted</u> on the "License Lookup" program available through the board's website.</p>					
*Social Security No. or Virginia DMV No.		Date of Birth (Mo/Day/Yr)		Email Address	
Graduation Date (Mo/Day/Yr)	Professional Degree(s)	School	City	State	

*In accordance with §54.1-116 Code of Virginia, you are required to submit your Social Security Number or your control number** issued by the Virginia Department of Motor Vehicles. If you fail to do so, the processing of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided by law. Federal and state law requires that this number be shared with other state agencies for child support enforcement activities. In order to obtain a Virginia driver's license control number, it is necessary to appear in person at an office of the Department of Motor Vehicles in Virginia. A fee and disclosure to DMV of your Social Security Number will be required to obtain this number.

APPLICANTS DO NOT USE SPACES BELOW THIS LINE – FOR OFFICE USE ONLY

APPLICANT #	FEE	RECEIPT #	BASE STATE	ASHA/ABA	LICENSE #
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2. Provisional Supervision Requirements (Refer to Regulations 18VAC 30-20-171 subsection D and E)

Supervising Audiologist Full Legal Name		License Number		Supervisor Phone Number	
Employment mailing Address: Street			City	State	Zip Code
Frequency and nature of Supervision					

3. Request scores from ETS of passage of the PRAXIS examination be mailed directly to the board. **No copies or faxes.**
4. Request official transcripts confirming the master's degree from a college or university whose program is accredited by the the Council on Academic Accreditation of the American Speech-Language Hearing Association or equivalent accrediting body be submitted directly to the board.
5. List all jurisdictions in which you have ever been issued a license (active, inactive, expired) to practice audiology and/or speech-language pathology. If more space is needed, please record on separate paper.

Jurisdiction	How Licensed	License #	Issue Date	Years of Practice	License Status

QUESTIONS MUST BE ANSWERED. If any of the following questions (6-12) are answered **yes**, explain and substantiate with documentation. Letters must be submitted by your attorney regarding malpractice suits.

6. List all professional practice in reverse chronological order for the last 36 months.

Begin Date Month Year	End Date Month Year	Name of Practice/Address/Phone	Type of Practice

7. Have you ever been convicted of a violation of/or pled Nolo Contendere to any federal, state or local statute, regulation or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor to include convictions for driving under the influence (DUI) and excludes traffic violations? Attach your original criminal history record, a certified copy of any final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision, and any other information you wish to considered with you application (i.e. information on the status of incarceration, parole, or probation, reference letters documentation of rehabilitation, etc.).	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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8. Have you ever had any of the following disciplinary actions taken against your license to practice Audiology and/or Speech Language Pathology or any such actions pending? (a) suspension/revocation (b) probation (c) reprimand/cease and desist (d) had your practice monitored (e) monetary penalty? If yes , the regulatory agency authorized to take such action(s) must submit documentation of any disciplinary action taken against your license to include notices, orders, etc.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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9. Are you currently under disciplinary investigation by any jurisdiction? If yes , give jurisdiction.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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10. Have you had any malpractice suits brought against you in the last ten years? If yes , how many? Provide details and documentation. Letters must be submitted by your attorney regarding malpractice suits.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11. Have you been physically or emotionally dependent upon the use of alcohol/ drugs or treated by, consulted with, or been under the care of a professional for any substance abuse within the last two years? If yes , please provide a letter from the treating professional, on letterhead, to include diagnosis, treatment, prognosis and fitness to practice.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
12. Do you have a physical disease, mental disorder, or any condition, which could affect your performance of professional duties? If yes , provide a letter from your treating professional, on letterhead, to include diagnosis, treatment, prognosis and fitness to practice.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

13. AFFIDAVIT OF APPLICANT

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I hereby authorize all hospitals, institutions, or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Virginia Board of Audiology and Speech-Language Pathology any information, files or records requested by the Board in connection with the processing of individuals and groups listed above, any information, which is material to my application and me.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension, or revocation of my license to practice Audiology and/or Speech-Language Pathology in the Commonwealth of Virginia.

I have carefully read the laws and regulations related to the practice of audiology and speech-language pathology. I hereby agree to abide by and remain current with the applicable laws and regulations which are available on www.dhp.virginia.gov, and

I have attached a certified check, cashier's check or money order in the amount of \$_____ made payable to the **Treasurer of Virginia**. I fully understand that funds submitted as part of the application shall not be refunded.

Signature of Applicant